

Statewide Application Package
Emergency Housing and Assistant Program
Capital Development Deferred Loans

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A. EHAP CAPITAL DEVELOPMENT APPLICATION (EHAPCD) FOR 2003-2004 FUNDS

General Instructions: Read the applicable excerpts of the Budget Act of 2000, the Health and Safety Code and finally but most importantly the EHAP Regulations. Prepare a separate capital development application for **each project site**; see Regulations for definition of "site". **Use the index and checklists included in this application** to ensure you organize and include all necessary information. Please type or print neatly. Submit **two complete sets** of the application (one with original signatures and one copy), and the Appendices and Attachments requested. When answering use no less than 10 point type, .75" margins and single-space typing. **Do not increase the amount of space allowed for answers.**

1. Please submit each in an appropriately sized white 3-ring binder with pockets inside the covers for insertion of information.
2. Use tabs and divide the binder into Sections: I, II, III, and IV (or V).
3. Using the State Application Checklist immediately following this application page, **place requested documents in order based on designated page number for each enclosure.**
4. For items that are not applicable to your application, mark "N/A" on the checklist and place a sheet numbered with the designated sheet marked "N/A" and fill in the why item is not applicable. If your project is proposed, please answer questions in application documents based on best estimate possible at time of application submittal.

APPLICANT NAME: _____

CITY AND COUNTY: _____

NUMBER OF EHAPCD APPLICATIONS SUBMITTED THIS FUNDING ROUND: _____

AMOUNT OF THIS LOAN REQUEST: \$ _____
(\$20,001 minimum, \$1 million maximum)

TYPE OF SHELTER: (check appropriate box(es)) ☐ Emergency ☐ Transitional ☐ Safe Haven

BRIEF SUMMARY DESCRIPTION of proposed use of this EHAPCD loan: (25 words or less)

B. APPLICATION CHECKLIST – Page 1 of 2

All applicants **must** complete and submit the Checklist and Certification, and Sections I., II., III., IV. (or V.).

- ☐ A. EHAP APPLICATION FOR 2003-2004 FUNDS
- ☐ B. STATE APPLICATION CHECKLIST (2 Pages)
- ☐ C. APPLICATION CERTIFICATION
Request to Compete for 2003-2004 Funds and Relinquish 2002-2003 Funds
- D. GENERAL APPLICANT INFORMATION (ALL APPLICANTS)
 - ☐ 1 Application Summary Form
 - ☐ 2. Applicant Eligibility

SECTION I: APPLICANT CAPABILITY

- ☐ A Project Site Description
- ☐ B. Project Timeline
- ☐ C. Development Feasibility
- ☐ D. Development Team Capacity

SECTION II: IMPACT AND EFFECTIVENESS

- ☐ A. Client Capacity Increase
- ☐ B. Operations and Supportive Services: Existing and Planned
- ☐ C. Extent Proposed Project Addresses Community Needs

SECTION III: COST EFFICIENCY

- ☐ A. Need for EHAPCD Funds
- ☐ B. Operations/Capacity Costs Analysis
- ☐ C. Design
- ☐ D. Special Design Features

SECTION IV: DESIGNATED LOCAL BOARD (DLB) LOCAL PRIORITIES (To Be Inserted By Applicant)

- ☐ Note and DLB Contact information

OR

SECTION V: STATEWIDE PRIORITIES

- ☐ A. Statewide Priority Setting System - Table
- ☐ B. Overview and Priority Setting Questions

B. STATE APPLICATION CHECKLIST (Cont'd)

Paginate the documents listed below as indicated. If document is more than one page, mark the first page with the number assigned plus a,b,c, etc. (e.g. 16, 16a, 16b ...). Check each box [] to indicate document included.

APPENDICES - these documents are included in this application are applicable to all applicants

- [] **A.** Preparation Checklist and Sample Authorizing Resolution - **(Page 17)** reinsert this page
- [] **B.** Sample Leasehold Agreement (*if leasehold title*) - **(Page 27)** reinsert this page
- [] **C.** EHAPCD Sources and Uses Statement - **(Page 34)**
- [] **D.** Detailed Cost Estimates for Capital Development Activities - **(Page 37)**
- [] **E.** Capital Development Project Financing - **(Page 38)**
- [] **F.** Project Operating Income and Expense Statement - **(Page 40)**
- [] **G.** Project Staffing - **(Page 46)**
- [] **H.** Completed Capital Development Projects - **(Page 48)**
- [] **I.** Organization Income and Expense Statement (N/A if public jurisdiction) - **(Page 50)**
- [] **J.** Past Occupancy - **(Page 53)**
- [] **K.** History and Projection of Project Operating Funding Sources - **(Page 54)**

ATTACHMENTS – these documents are to be obtained from various sources and submitted by the applicant

Place a check mark in the box next to each item to indicate that it is included in this application or if the item is not applicable, mark N/A in the box. **Key** for submittal of ATTACHMENTS based on development activity -

A=Acquisition R=Rehabilitation NC= New Construction

A	R	N	
•	•	•	[] A. Articles of Incorporation, By-laws, IRS Tax Exempt Status 501(c)(3) (non-profit applicants only) include addendums if name change occurred – (Page 19)
•	•	•	[] B. Copy of 2001 or 2002 IRS Form 990 or 990EZ (non-profit applicants only) (Page 20)
•	•	•	[] C. Executed Authorizing Resolution by Governing Board – (Page 21)
•	•	•	[] D. Evidence of Site Control – (Page 23)
•	•	•	[] E. Policy of Title (or Preliminary) for project site that includes the property address, legal description and plat map – (Page 24)
	•	•	[] F. Lessor Letter Agreeing to Lease Approval, Execution and Recordation of the Deed of Trust or Lease Rider and Estoppel Agreement (must be submitted with loan application, if site is to remain in leasehold title) – (Page 26)
	•	•	[] G. Rent Comparisons (if site to remain in leasehold title) – (Page 28)
•	•	•	[] H. Evidence of Permissive Zoning, Conditional Use Permit (or document demonstrating that project has permissive current zoning and general plan designations) – (Page 29)
•	•	•	[] I. Certificate of Occupancy (rehabilitation of existing structure) – (Page 30)
•	•	•	[] J. Evidence of Other Funding Commitments – (Page 41)
•	•	•	[] K. Broker's Price Opinion with at least three comparables or Appraisal dated within 6 months of anticipated EHAPCD close of escrow day (fee title) – (Page 42)
•	•	•	[] L. Explanation of Environmental Condition and Reports – Phase I or Lead Base Paint and Asbestos Survey (rehab. of existing structure) – (Page 43)
	•		[] M. Relocation Issues Narrative and Relocation Plan (occupied rehab.) – (Page 44)
•	•	•	[] N. Organizational Structure and Board Roster – (Page 47)
	•	•	[] O. EHAP Capital Development Project Administrator, Information-resume, written commitment, and job description, Attachments O-1 for Developer, O-2 for Architect, O-3 for Property Manager (if applicable) – (Pages 55-58)
•	•	•	[] P. Audited Financial Statement for 2001 or 2002 (public entities only) (Page 59)
•	•	•	[] Q. Policies and Conditions of Stay (existing or to be enacted) – (Page 63)
	•		[] R. Project Schematics – (Page 67)
•	•	•	[] S. Current Condition Statement and Overall Scope of Work – (Page 68)
		•	[] T. Documentation of Off-site Improvement Costs – (Page 69)

C. CERTIFICATION OF APPLICATION INFORMATION

I am authorized to apply on behalf of _____ and attest that all information contained in this application is accurate and complete to the best of my knowledge. All information contained in this application is acknowledged to be public information. I authorize the Department of Housing and Community Development to contact any or all of the parties listed in this proposal.

Request to Compete for 2003-2004 Funds and Relinquish 2002-2003 Funds

If your organization is seeking funds for the same project site that you were awarded funds during the 2002-2003 funding round, mark the box to the left. By doing so, you are requesting to compete for 2003-2004 EHAPCD funds in an amount up to \$1 million with no guarantee of award and also are agreeing to relinquish those prior funds. Contract number ____-EHAPCD-____

Authorized Signature for Applicant (Authorized by Resolution)

Printed Name and Title

Date

D. INSTRUCTIONS FOR COMPLETING GENERAL APPLICANT INFORMATION

Please follow these step-by-step instructions for completing the Application Summary Form on the following three pages. It is important for reviewing purposes that the “Information” section be completed correctly.

Applicant Name: Provide the name of the organization that will be administering the funds. This must be the same as stated in the Articles of Incorporation, or the most current amendment (and Authorizing Resolution should match). If the organization name is different from one or both of these documents, provide a written statement as to why and attach it immediately behind the first page of the Application Summary Form. Do not include DBAs.

Type of Applicant: Indicate whether the applicant is a Non-profit or Government Agency. Community Action Agencies will be considered a non-profit unless the Resolution is from the Board of Supervisors.

Total EHAPCD
Loan Amount: Provide the total loan amount you are requesting in this application.

City: Provide the name of the city(ies) where the shelter/program is located/operated not the administrative office unless it is located onsite at the shelter/program. If confidential location, after marking that, identify site by the city, county and zip code (or parcel number).

County: Provide the name of the county where the shelter/program is located/operated. This is not where the administrative office is located unless it is located onsite at the shelter/program.

Authorized Signatory
Representative: Provide the name and title of the person that is authorized to sign the Application and the Standard Agreement as stated in the Resolution.

Street Address or
P.O. Box, City
and Zip Code: Provide the address for the administrative office.

Telephone Number: Provide the phone number for the administrative office.

Fax Number: Provide the fax number for the administrative office.

Contact Person: Provide the name and title of the person to be contacted regarding the loan.
Telephone Number: Provide the phone number for the person to be contacted regarding the loan. Include an extension number if available.

Fax Number: Provide the fax number for the person to be contacted regarding the loan.

Email Address: Provide the email address for the person to be contacted regarding the loan.

Amounts Requested

for Each Major

Funding Category: Indicate the dollar amounts for each major funding category for which you are applying. Administration cannot exceed 5% of the total loan amount. The total must equal the total loan amount indicated above.

Target Population: Check the box next to each of the primary target populations that will be served by this project. If the group is not listed, please check “Other” and briefly indicate the target population on the line provided.

Project/Shelter Name-

Address-City-County: Provide the name, address, city, and county for all of the sites. If the address is confidential, so state, indicate the reason, and provide the city, county, and zip code of the site.

Target Populations: Indicate the numerical code for each of the primary target populations served at this site. The code is the number next to the code checked above.

Requested Amount: Indicate the portion of the loan amount requested for this site.

Average Number

Served Daily: Please use the following formula to determine this count.

1. Take your daily count of persons served and project it over the next twelve months (duplicate counts of the same persons served on different days is acceptable).
2. Divide this number by 12.
3. Divide the product by 30.
4. Round this product to the nearest whole number.

Sample: 24,000 persons to be served within the next twelve (12) months / 12 = 2000.
2000 / 30 = 66.66 (rounded to 67)

Type of Assistance

Requested: Indicate number of all beds funded by proposed project for whichever type applies. This includes both new and preserved beds or a combination of the two.

Legislative

Representative: Indicate the District Number, name, and mailing address for the Assembly and Senate Member for the project’s location (s). If unknown, consult the State Government Offices section of the white pages of your phone book, under Assembly and Senate or call the Chief Clerk at the Capitol at (916) 445-3614.

Project Site

Location: Indicate whether the project site is located in an “Urban” or “Non-urban” county.

Title to be held

during loan term: Indicate whether the title will be held as a “Leasehold Interest” or “Fee Simple.”

Emergency Housing and Assistance Program – Capital Development (EHAPCD)		
D.1. - Application Summary Form		
Type of Information	Information	Instructions
Applicant Name		Must be same as stated in the Articles of Incorporation or most current amendment and in the Resolution. If different from one or both of these, submit a written statement as to why, and attach it immediately behind this page. (DO NOT INCLUDE DBAs).
Type of Applicant	<input type="checkbox"/> Non-profit or <input type="checkbox"/> Government	Community Action Agencies will be considered a non-profit unless the resolution is from the Board of Supervisors.
Last 3 digits of loan #		For State Use Only. Leave Blank.
Total EHAPCD Loan Amount		Enter the loan amount you are requesting.
City		Where the shelter or program is located or operated . This is NOT where the administrative office is located unless it is located onsite at the shelter or program.
County		
Authorized Signatory Representative Name AND Title		As stated in the Resolution. This is the title or position of the person that is authorized to sign the Application and the Standard Agreement.
Street Address or P.O. Box City and Zip Code		Information for the administrative office.
Telephone Number		
Fax Number		
Contact Person Name AND Title		This is the person we will call regarding your loan. Please make sure the correct person is listed. Include a telephone extension number if available.
Telephone Number		
Fax Number		
Email Address		
Title and Last Name		For State Use Only. Leave Blank.
Amounts Requested For Each Major Funding Category:		
Acquisition	\$	Enter the dollar amount for each Major Funding Category that you are applying for.
Rehabilitation	\$	
New Construction	\$	
Administration	\$	Maximum 5% of the Total EHAPCD Loan Amount
TOTAL	\$	Must equal "Total Loan Amount" above.

Target Population: Check the primary target population(s) that will be served by this project.			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 1. Physically Disabled <input type="checkbox"/> 2. Persons with AIDS <input type="checkbox"/> 3. Youths <input type="checkbox"/> 4. Single Adults <input type="checkbox"/> 5. Single Men <input type="checkbox"/> 6. Single Women <input type="checkbox"/> 7. Families </div> <div style="width: 50%;"> <input type="checkbox"/> 8. Seniors <input type="checkbox"/> 9. Mentally Ill <input type="checkbox"/> 10. Veterans <input type="checkbox"/> 11. Victims of Domestic Violence <input type="checkbox"/> 12. Substance Abusers <input type="checkbox"/> 13. Dually-Diagnosed <input type="checkbox"/> 14. Other: _____ </div> </div>			
Project/Shelter Name and Address: Actual shelter location(s). If address is confidential, so state and indicate reason and city, county, and zip code (or parcel number) of the project.			
Project/Shelter Name – Address – City – County - APN	Target Population(s)	Requested Amount	Average Number Served Daily
1.		\$	
		\$	
2.		\$	
		\$	
Type of Assistance Requested:			
Emergency Shelter	_____ New Beds _____ Preserved Beds	Indicate number of all beds funded by proposed project for whichever type applies. This includes both new and preserved beds or a combination of the two. DO NOT LEAVE BLANK.	
Transitional Housing	_____ New Beds _____ Preserved Beds		
Safe Haven	_____ New Beds _____ Preserved Beds		
Legislative Representative:			
Assembly District No.		Senate District No.	
Assembly Member Name and Address		Senate Member Name and Address	
Additional Project Information:			
Project site location	<input type="checkbox"/> Urban County or <input type="checkbox"/> Non-urban County	See NOFA Page 12 for list of urban and non-urban counties.	
Title to be held during loan term as:	<input type="checkbox"/> Leasehold Interest or <input type="checkbox"/> Fee Simple		

D.2. Applicant Eligibility

Answer each of the following questions to determine your eligibility pursuant to Section 7959 of the Regulations. Please make sure your answers are accurate, as we will use this information to determine eligibility.

1. Authority: _____ Public Agency _____ Non-profit Corporation [501 (c) (3)]
2. When did your organization begin providing client housing (month/year)? _____ / _____

Has the client housing been provided continuously for the last 12 months? _____ Yes _____ No

If housing is only provided seasonally, give dates of most recent period when housing was provided: _____ / _____ to _____ / _____
3. Does the shelter/facility for which EHAP Capital Development funding will be used contain any of the conditions of a substandard building listed in Health and Safety Code section 17920.3?
_____ Yes _____ No Will any of these conditions remain after funding? _____ Yes _____ No

If yes, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though you've answered "Yes" to this question.

4. Is a client required to participate in any religious or philosophical service, ritual, meeting or rite as a condition of receiving shelter? _____ Yes _____ No

If yes, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though you've answered "Yes" to this question.

5. **Before answering question 5A and/or 5B, as applicable, please read the Department's policy document entitled "Serving Selected Populations With EHAP Funding" located on Pages 76-78 of this application. Note that EHAP staff is available to perform a pre-application eligibility review if requested more than 10 days before this application is due.**

Failure to explain your answer where a question asks you to "please explain" may result in rejection of your application for incompleteness.

A. **Emergency Shelter Applicants Only (Transitional Housing Applicants skip to Page 12, question 5B.)**

- 1) Does your emergency shelter target a particular subpopulation of homeless persons at the emergency shelter **for which EHAP funds are being requested?**

_____ No **If "No,"** skip to question 6 on Page ____.

_____ Yes **If "Yes,"** answer question 2) below:

D.2. Applicant Eligibility (continued)

- 2) Does your emergency shelter target services exclusively to either men or women?

___ Yes If "Yes," describe the target subpopulation in the following blank
_____ and skip to question 6 on Page 14.
(target subpopulation)

___ No If "No," answer question 3) below:

- 3) Does your emergency shelter target services exclusively to persons 24 years of age or younger?

___ Yes If "Yes," describe the target subpopulation in the following blank
_____ and skip to question 6 on Page _____.
(target subpopulation)

___ No If "No," answer question 4) below.

- 4) Does your emergency shelter facility target services exclusively to military veterans who possess significant barriers to social reintegration and employment due to a physical or mental disability, substance abuse, or the effects of long-term homelessness that require specialized treatment and services?

___ Yes ___ No If "No," answer question 5) below.

- 1) If "Yes" please describe the specialized services and treatment provided to this group by your program, then skip to question 6 on Page 14.

Note: Organizations that exclusively serve particular groups of veterans, (i.e. Vietnam Veterans only), and exclude other groups of veterans on a basis not otherwise permitted by law, are ineligible for EHAP funds. **Contact EHAP or DLB staff for guidance before completing this question.**

- 5) Since 2002, has your organization received EHAP funds for the facility that is the subject of this application?

___ No If "No", proceed to question 6) on next page.

___ Yes If "Yes", please list the most recent EHAP contract number for this facility
_____, and proceed to question 1) below.

- 1) Has the population served by this facility changed since the above contract was executed?

___ Yes If "Yes", proceed to question 6) on the next page.

___ No

D.2. Applicant Eligibility (continued)

- 2) Since the above contract was executed, has the transportation your program provides to alternate shelters, or the alternate shelters themselves, changed for persons turned away from your facility because they are not members of your facility's target population?

___ Yes If "Yes", proceed to question 6) below

___ No If "No", proceed to question 6 on Page 14

- 6) If you had an available bed at your emergency shelter, and a person who is not a member of that facility's target population requested a bed, would you deny that available bed to that person?

___ Yes If "Yes," answer question 7) below.

___ No If "No," skip to question 6 on Page 14.

- 7) In circumstances where any client is denied emergency shelter when there is a vacancy, would you ensure that there is adequate alternate accommodation – including arranging for a bed or providing a voucher for a bed at an alternative facility and reasonable transportation to that facility?

___ Yes If "Yes," please answer a) and b) below:

___ No If "No", you are not eligible for EHAP funds. Ineligible applicants may contact EHAP staff for technical assistance.

- a) Identify the facilities and organizations you partner with to provide alternate shelter accommodations:

Facility Name/Address	Facility operated by (organization name)	Population Served by the Facility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AND;

- b) List the type(s) of transportation to an alternate facility you will provide.

Type of transportation	Name of Alternate Facility
_____	_____
_____	_____
_____	_____
_____	_____

D.2. Applicant Eligibility (continued)

- c) Are the forms of transportation set forth above reasonably accessible and available to persons turned away from your facility? _____ Yes _____ No

Considering individual needs and the time and distance involved in traveling to the alternate facilities, briefly explain your organization's implementation plan.

5.B. Transitional Housing Applicants Only:

- 1) Does the transitional housing facility for which EHAP funds are being requested target a particular subpopulation of homeless persons?

_____ Yes If "Yes," answer question 2) below:

_____ No If "No," skip to question 6 on Page 14.

- 2) **Does the transitional housing facility target services exclusively to either men or women?**

_____ Yes If "Yes," describe the target subpopulation in the following blank
_____ and skip to question 6 on Page 14.
(target subpopulation)

_____ No If "No," answer question 3) below:

- 3) **Does the transitional housing facility target services exclusively to persons 24 years of age or younger?**

_____ Yes If "Yes," describe the target population in the following blank
_____ and skip to question 6 on Page 14.
(target population)

_____ No If "No," answer question 4) below.

- 4) Does your transitional housing facility target services exclusively to military veterans who possess significant barriers to social reintegration and employment due to a physical or mental disability, substance abuse, or the effects of long-term homelessness that require specialized treatment and services?

_____ Yes

_____ No If "No" answer question 5) on the next page.

D.2. Applicant Eligibility (continued)

- 1) If Yes, please describe the specialized services and treatment provided to this group by your program, then skip to question 6 on Page 14.

Note: Organizations that exclusively serve particular groups of veterans, (i.e. Vietnam Veterans only), and exclude other groups of veterans on a basis not otherwise permitted by law, are ineligible for EHAP funds. **Contact EHAP or DLB staff for guidance before completing this question.**

- 5) Is there a State or Federal law or regulation that requires the transitional housing facility to exclusively serve a select homeless subpopulation?

___ Yes If “Yes,” in the space below list the applicable State or Federal law or regulation, and the agency that requires it, then skip to question 6 on page 14.

State/Federal law or regulation citation (include name of code) Funding Agency

___ No If “No,” answer question 6) below:

- 6) Since 2002, has your organization received EHAP funds for the facility that is the subject of this application?

___ Yes If “Yes”, please list the most recent EHAP contract number for this facility _____, and proceed to question 1) below.

___ No If “No”, proceed to question 7) on next page.

- 1) Has the population served by this facility changed since the above contract was executed?

___ Yes If “Yes”, proceed to question 7) on next page.

___ No

- 2) Has the nature of your physical facility or the nature of the services provided which necessitates your population restriction changed since this contract was executed.

___ Yes If “Yes”, proceed to question 7) below.

___ No If “No”, skip to question 6 on Page 14.

D.2. Applicant Eligibility (continued)

- 7) If you had an available bed at your transitional housing facility, and a person who is not a member of that facility's target population requested a bed, would you deny the available bed to that person?

_____ Yes If "Yes," answer questions 1) and 2) below:

_____ No If "No," skip to question 6 on Page 14.

- 1) If "Yes," does the nature of the physical facilities reasonably necessitate a restriction of the facilities exclusively to your target population?

_____ Yes If "Yes", please explain (attach additional page if more space is required):

_____ No

- 2) Does the nature of the services provided at the transitional housing facility reasonably necessitate a restriction of the facilities exclusively to your target population?

_____ Yes If "Yes", please explain (attach additional page if more space is required):

_____ No

If you answered "No" to both questions 5A. and 5B. above, you are not eligible for EHAP funds. Ineligible applicants may contact EHAP staff for technical assistance.

6. Identify the maximum number of days (including extensions) a client will be sheltered by the facility/activity for which EHAP funding is requested: _____ Days

7. Type(s) of client housing provided:

_____ Emergency Shelter (Answer questions 8-10) then continue with Page 17.

_____ Transitional Housing w/services (skip questions 8-10, answer question 11 only, then continue with Page 17.

8. Does the emergency shelter/facility reserve space for clients?

_____ Yes _____ No

If yes, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is "Yes".

D.2. Applicant Eligibility (continued)

9. Does the emergency shelter/facility require any fee, voucher or contribution from the client?

_____ Yes _____ No

If “Yes”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “Yes”.

10. Are the rules of occupancy and maximum stay conspicuously posted at the emergency shelter?

_____ Yes _____ No

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No”.

Emergency Shelter Applicants skip to Page 17.

Transitional Housing Applicants answer Questions 11 a. through g.; then continue with Page 17.

11. For applicants providing transitional housing with services:

- a. Are clients offered at least three self-sufficiency development services in conjunction with occupancy of the housing? (List below the types of services provided.)

_____ Yes _____ No

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No.”

- b. Is every client provided referrals or placements to permanent housing?

_____ Yes _____ No

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No.”

- c. Does every client accumulate funds to be applied to renting permanent housing?

_____ Yes _____ No

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No”. Note: Transitional housing applicants should mark this question “N/A”, if rent is not charged.

- d. Is rent charged for occupancy of the transitional housing?

_____ Yes _____ No

If answer is “No,” then type “N/A” for response to 11e, f, and g.

- e. Is rent equal to or less than 30% of each individual household's income?

_____ Yes _____ No

D.2. Applicant Eligibility (continued)

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No.”

- f. Is at least 10% of the rent set aside for the client to be used for rental of permanent housing? _____ Yes _____ No

If no, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No”.

- g. Is the rent set aside accounted for separately for each client? _____ Yes _____ No

If “No”, shelter is not eligible. Contact EHAP staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No”.

D.2. Applicant Eligibility (continued)

APPENDIX A

RESOLUTION PREPARATION CHECKLIST AND SAMPLE AUTHORIZING RESOLUTION

The Resolution accompanying an application for the Emergency Housing and Assistance Program (EHAP) must include the information contained in the Sample Authorizing Resolution. Please confirm the following requirements have been met:

- The Sample Authorizing Resolution language and format (see Sample Authorizing Resolution next page) has been used and prepared on your organization's letterhead (**Do not use the Sample Resolution page**).
- The name of the applicant organization that is listed on the Resolution must match the organization name that appears on the Articles of Incorporation filed with the Secretary of State (provide amendment trail, if applicable). Be consistent throughout the Resolution to use the exact name. **Do not include DBAs, names of project sites, or programs.**
- The Resolution shows the date of the board action to approve the Resolution. This board action must occur on or after October 31, 2003 and on or before February 26, 2004.
- The title / office of the person authorized to sign the Standard Agreement (not the person's name) was included.
- The vote tally section has been completed.
- The Approving Officer, who signs the Resolution, cannot be the Authorized Officer named to sign the EHAP Application and the EHAP Standard Agreement.
- The "Approving Officer" and the "Attest" lines have been signed and the required titles/names have been printed below the signatures. Person signing the "Attest" is usually the secretary or clerk.

Please make sure the Resolution has been prepared using the Sample Authorizing Resolution format. Following up with grantees to obtain corrected Resolutions is extremely time consuming and causes delays in executing Standard Agreements.

If you have any questions regarding the required Resolution, please call the EHAPCD staff at (916) 445-0845 or e-mail bstolk@hcd.ca.gov. If you would like the Sample Resolution sent to you by e-mail or on disk, please contact Barbara Stolk at the above phone number or e-mail address.

SAMPLE AUTHORIZING RESOLUTION

RESOLUTION

WHEREAS:

- A. The State of California, Department of Housing and Community Development, Division of Community Affairs, issued a Notice of Funding Availability (NOFA) for the Emergency Housing and Assistance Program (EHAP Capital Development Allocation); and
- B. [] is a non-profit corporation or local
(Insert Name of Application Organization)
government agency that is eligible and wishes to apply for and receive an EHAPCD loan;

NOW THEREFORE BE IT RESOLVED THAT:

1. The Board of Directors of [] hereby authorizes
(Insert Name of Applicant Organization)
[] to apply for an EHAP loan in an amount not more than the
(Insert Title of Authorized Person/Officer)
maximum amount permitted by the NOFA, and in accordance with the program statute, Regulations, and Local Emergency Shelter Strategy, where applicable.
2. If the loan application authorized by this Resolution is approved, the []
(Insert Name of Applicant Organization)
hereby agrees to use the EHAP funds for eligible activities in the manner presented in the application as approved by the Department and in accordance with the program statute (Health and Safety Code Section 50800 – 50806.5) and Regulations (Title 25, Division 1, Chapter 7, Subchapter 12, Sections 7950 through 7976 of the California Code of Regulations); and the Standard Agreement.
3. If the loan application authorized by this Resolution is approved, []
(Insert Title of Authorized Person/Officer)
is authorized to sign the Standard Agreement and any subsequent amendments with the Department for the purposes of this loan. **(Remember to use only the title of the person in case of staff/board turnover. Delays caused by naming individuals may impact processing your loan.)**

PASSED AND ADOPTED at a regular meeting of the []

(Insert Name of Applicant Organization)

this [] day of [], 200[] by the following vote:

AYES:

ABSTENTIONS:

NOES:

ABSENT:

[]
Signature of Approving Officer

[]
Printed Name and Title of Approving Officer

ATTEST:

[]
Signature and Title

D.2. Applicant Eligibility (continued)

ATTACHMENT A – (**Page 19** of Completed Application)

ARTICLES OF INCORPORATION (include amendment trail, if applicable), BY-LAWS, IRS TAX EXEMPT
STATUS

(NON-PROFIT APPLICANTS ONLY)

AND

ATTACHMENT B – (**Page 20** of Completed Application)

COPY OF 2001 or 2002 IRS FORM 990 OR 990EZ (*most current available*)

(NON-PROFIT APPLICANTS ONLY)

D.2. Applicant Eligibility (continued)

ATTACHMENT C

EXECUTED AUTHORIZING RESOLUTION BY GOVERNING BOARD
(**Page 21** of Completed Application)

I. APPLICANT CAPABILITY - Please place Section I tab preceding this page

Answer the following questions (including all subparts) to describe your existing and proposed operations and demonstrate your capability to successfully complete the activities of your EHAPCD loan proposal. Use only the space provided (margins should be a minimum of .75", font a minimum of 10 pt.). Be sure to include all the information requested. Attach additional supporting documentation only if the requested document is not applicable. Use the bottom of Page 70 for additional space for your answers.

A. Project Site Description

1. Is the site currently (check one) owned ☐ or leased ☐ by applicant? (Check one)
 - a. If owned, since when? ____/____/____
 - b. If leased give term: ____/____/____ to ____/____/____

Is the Lease recorded? ☐ Yes ☐ No
Lessor and Lessee/Applicant must execute the Leasehold Agreement, **Appendix B.**
 - c. If not owned, give name and address of current legal owner and describe how title is held. If a title transfer is to occur, specify date of proposed transfer.
 - d. Submit evidence of site control as **Attachment D** (e.g., executed and dated Sales Agreement, Grant Deed, or Lease)
 - e. Submit a title policy or preliminary title report as **Attachment E** for verification of property address, legal description, and plat map.
2. If site acquisition is proposed, briefly describe the timeframe for closing the acquisition, financing, and any unusual issues.
3. Is the shelter/facility occupied now? ☐ Yes ☐ No

I. APPLICANT CAPABILITY (continued)

ATTACHMENT D – (**Page 23** of Completed Application)

EVIDENCE OF SITE CONTROL

AND

ATTACHMENT E (**Page 24** of Completed Application)

PRELIMINARY TITLE REPORT OR COPY OF RECORDED GRANT DEED AND POLICY OF TITLE
(VERIFICATION OF PROPERTY ADDRESS, LEGAL DESCRIPTION, AND PLAT MAP)

If not applicable mark here and indicate why:

I. APPLICANT CAPABILITY (continued)

4. Will the shelter/facility be occupied during rehabilitation? ☐ Yes ☐ No
- a. If yes, will it be at full occupancy? ☐ Yes ☐ No
- b. If no, when will full occupancy resume? ____/____/____
5. How many days will the shelter/facility be open annually during the length of the loan term?
6. If the site is leased and you are proposing new construction or rehabilitation, submit a letter (**Attachment F**) a letter from the Lessor agreeing to Department approval, execution, and recordation of the Lease and Department's Deed of Trust Rider or Lease Rider and Estoppel Agreement (**Appendix B**).
7. If site is leased submit at least 3 rent comparisons as **Attachment G**.
8. Land use description:
- a. Current Zoning Designation: _____
- b. Current General Plan Designation: _____
- c. Do current zoning and general plan designations permit use for emergency shelter or transitional housing? ☐ Yes ☐ No
- d. If yes, submit evidence of permissive use as **Attachment H**.
- e. If no, how will the proposed facility be accommodated, and when? ____/____/____
- ☐ Rezoning ☐ General Plan Amendment
- ☐ Zoning Variance ☐ Conditional Use Permit
- ☐ Other: _____
9. Has the Certificate of Occupancy been issued in the past? ☐ Yes ☐ No
- a. If yes, submit the Certificate of Occupancy to verify current capacity as **Attachment I**.

I. APPLICANT CAPABILITY (continued)

ATTACHMENT F

LESSOR LETTER AGREEING TO LEASE ACCEPTANCE, EXECUTION AND RECORDATION OF THE
DEPARTMENT'S DEED OF TRUST AND/OR LEASE RIDER AND ESTOPPEL AGREEMENT.

(Page 26 of Completed Application)

REFER TO APPENDIX B FOR MINIMUM REQUIRED LANGUAGE

(MUST BE SUBMITTED WITH LOAN APPLICATION, IF SITE IS TO REMAIN IN LEASEHOLD TITLE)

If not applicable mark here and indicate why:

APPENDIX B – LEASEHOLD AGREEMENT

Department of Housing and Community Development

Emergency Housing and Assistance Program
Capital Development Deferred Loan (EHAPCD)

Site control for the emergency shelter and/or transitional housing project (“PROJECT”) that is the subject of the attached Application is a lease (“Lease”) between _____ (“LESSOR”) and _____ (“LESSEE/APPLICANT”) on the property located at _____.

LESSOR AND LESSEE/APPLICANT understand, agree and acknowledge:

1. The LEASE or acceptable memorandum of lease will be recorded in the county where the PROJECT is located.
2. The minimum loan term of the LEASE will be equal to the term of the EHAPCD loan plus five years.
3. The security for the EHAPCD loan will be documented by the execution and recordation of:
 - (a) the Department’s Deed of Trust by the LESSOR AND THE LESSEE/APPLICANT;
 - or
 - (b) the Department’s Deed of Trust by the LESSEE/APPLICANT **and** the Department’s Lease Rider and Estoppel Agreement by the LESSOR AND LESSEE/APPLICANT.
4. Execution and recordation of the documents stated in paragraph 3 above is essential to provide the security interest required for the EHAPCD loan.

LESSEE/APPLICANT:

LESSOR:

By _____
Authorized Representative

By _____

Printed Name and Title _____

Printed Name and Title _____

Date _____

Date _____

I. APPLICANT CAPABILITY (continued)

ATTACHMENT G – (**Page 28** of Completed Application)

RENT COMPARISONS
(IF RENTED AT MARKET RATE AND SITE TO REMAIN IN LEASEHOLD TITLE)

AND

ATTACHMENT H – (**Page 29** of Completed Application)

EVIDENCE OF PERMISSIVE ZONING, CONDITIONAL USE PERMIT
OR DOCUMENT DEMONSTRATING THAT PROJECT HAS PERMISSIVE CURRENT ZONING AND
GENERAL PLAN DESIGNATIONS

If not applicable mark here and indicate why:

AND

ATTACHMENT I – (**Page 30** of Completed Application)

CERTIFICATE OF OCCUPANCY
(IF APPLICABLE, ACQUISITION and/or REHABILITATION OF EXISTING FACILITY ONLY)
(Used to verify current capacity and property use)

I. APPLICANT CAPABILITY (continued)

A. Project Site Description (continued from Page 25)

10. Building Information: ☐ Existing ☐ Proposed _____

Check one. Then briefly describe the project structure(s) including number and type of rooms/units, office, dining, recreational, and common spaces, along with the square footage of the site and buildings:

a. Market value of proposed project: \$ _____

- Supported by: ☐ Appraisal dated 6 months or less from application due date and included as Attachment K (if project site is or will be fee title) if not included, to be submitted by _____ (Date)
- ☐ Broker's Price Opinion of value submitted with this application.
- ☐ Other (specify) _____

11. Complete the chart below to show existing and/or proposed project makeup.

Type	Total Number Existing	Total Number Proposed
Rooms		
Bedrooms		
Apartments		
Beds		
Kitchens		
Bathrooms		
Office		
Dining		
Recreation/Living/Common Area		
Other:		
Other:		

I. APPLICANT CAPABILITY (continued)

B. Project Timeline

Organization Name: _____

Site Address: _____ Date: _____

Development Step	Start Date	Completion Date
Acquire planning approval		
Acquire building permit from building authority		
Relocation implementation plan completion		
Acquire development site or facility through purchase (circle one)		
Bid package completion		
Bid selection		
Other financing closing		
Relocation completion		
Construction contract execution		
Desired EHAPCD loan closing date		
Construction start up		
Construction completion		
Acquire certificate of occupancy		
Occupancy start up		
Other:		
Other:		

I. APPLICANT CAPABILITY (continued)

C. Development Feasibility – Insert the following documents

1. Subsidy Comparison (**Appendix C & D**)
2. Leveraging Comparison (**Appendix E & F**) (**Attachment J**)
3. Project Readiness (**Attachments K thru M**)

APPENDIX C – EHAPCD SOURCES AND USES STATEMENT

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
LAND COST/ACQUISITION							
Land Cost or Value							
Demolition							
Legal							
Total Land Cost or Value							
IMPROVEMENT COSTS							
Existing Improvements Value							
Off-Site Improvements		XXXXXXXX					
Total Improvements Costs							
ACQUISITION COSTS							
Total Acquisition Costs							
REHABILITATION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Relocation Expenses		XXXXXXXX					
Total Rehab. Costs							
NEW CONSTRUCTION							
Site Work							
Structures							
General Requirements							
Contractor Overhead							
Contractor Profit							
Total New Construction Costs							
ARCHITECTURAL FEES							
Design							

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
Supervision							
Total Architectural Costs							
CONST. INTEREST & FEES							
Const. Loan Interest							
Origination Fee							
Credit Enhance. & App. Fee							
Bond Premium							
Taxes							
Insurance							
Title and Recording							
Total Const. Interest & Fees							
PERMANENT FINANCING							
Loan Origination Fee		XXXXXXXX					
Credit Enhance. & App. Fee		XXXXXXXX					
Title and Recording		XXXXXXXX					
Other		XXXXXXXX					
Total Perm. Financing Costs		XXXXXXXX					
LEGAL FEES							
Lender Legal Pd. by Applicant		XXXXXXXX					
Other (Specify)		XXXXXXXX					
Total Attorney Costs		XXXXXXXX					
RESERVES							
Rent Reserves		XXXXXXXX					
Capitalized Rent Reserves		XXXXXXXX					
Capitalized Operating Reserve		XXXXXXXX					
Capitalized Replacement Reserves		XXXXXXXX					
Total Reserve Costs		XXXXXXXX					
OTHER CONSTRUCTION COSTS							
Appraisal Costs							
Survey & Engineering Costs							

	TOTAL PROJECT COSTS	Permanent Financing Sources					
Development Budget		EHAPCD	2 _____	3 _____	4 _____	5 _____	6 _____
Contingency Costs		XXXXXXXX					
Total Other Construction Costs							
TOTAL CONSTRUCTION							
Total Construction Costs							
OTHER							
TCAC App/Alloc/Monitor Fees		XXXXXXXX					
Environmental Audit							
Local Dev. Impact Fees							
Permit Processing Fees							
Capital Fees		XXXXXXXX					
Marketing		XXXXXXXX					
Furnishings		XXXXXXXX					
Other (specify)							
Other (specify)							
Total Other Costs							
SUBTOTAL - BUDGET							
Subtotal - Budget							
DEVELOPER COSTS							
Developer Overhead/Profit		XXXXXXXX					
Consultant/Processing Agent							
Project Administration							
Broker fees paid by owner							
Const. Mngmt Oversight							
Other (specify)							
Total Developer Costs							
TOTAL PROJECT COST							
Total Project Costs							

APPENDIX D - DETAILED COST ESTIMATES FOR CAPITAL DEVELOPMENT ACTIVITIES

Copy additional pages as needed

Estimator's Name: _____ Profession: _____
 Phone Number: _____ Costs Good Until: _____
 Date: _____
 Estimator's Signature: _____ License No.: _____

Summarize the work and/or equipment items by activity (e.g., new construction, rehabilitation) using the project applicable industry standard categories you may enhance the categories, as needed. Include all minimum required costs developed at the schematic level, e.g. engineering; architectural; legal; locality fees; estimate of contractor general requirements, overhead, and profit; line item construction costs; relocation costs; and off-site costs. **Indicate each development cost to be paid by EHAPCD by notating the line item "EHAPCD".** Totals listed on this form should match Appendix C Sources and Uses column totals starting on Page 33. After the loan award, competitive bidding is required to determine building contractor(s) and/or major equipment supplier(s). Note that the State prevailing wage law applies for all construction work paid for with EHAPCD funds.

A	B	C
Work or Equipment Item – Include quantity and unit cost, or number of hours and hourly cost.	Total Cost	Mark "EHAPCD" funded line items.
GENERAL REQUIREMENTS		
SITE WORK		
CONCRETE		
MASONRY		
METALS		
WOOD AND PLASTICS		
THERMAL AND MOISTURE CONTROL		
DOORS AND WINDOWS		
FINISHES		
SPECIALTIES		
EQUIPMENT (see NOFA for eligible equipment)		
FURNISHINGS (generally not eligible for EHAPCD funding)		
SPECIAL CONSTRUCTION		
CONVEYING SYSTEMS		
MECHANICAL		
ELECTRICAL		
TOTAL (must match EHAPCD column total, ATTACHMENT C)		

APPENDIX E - CAPITAL DEVELOPMENT PROJECT FINANCING (Sources of Funds)

Submit as Attachment J available evidence of other funding (e.g. award letters)

1. Construction Financing (Complete only if different from permanent financing)
Copy this form as necessary. Include in-kind sources.

List Below All Projected Sources Required To Complete Construction.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Commitment Letter in application? Check if "Yes"
		%	\$	
		%	\$	
		%	\$	
		%	\$	

1. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

2. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

3. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

4. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

2. Permanent Financing

List Below All Projected Sources Of Funds, Including Grants, Land Donations, Deferred Fees, Owner Equity, In-Kind, Etc. Copy This Form As Necessary.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Annual Debt Service	Commitment Letter in Application? Check if "Yes"
		%	\$		
		%	\$		
		%	\$		
		%	\$		
Total Permanent Financing			\$		
Total Sources of Project Funds			\$		

1. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

2. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

3. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

4. Name of Lender/Source: _____

Street Address: _____ Contact Name: _____

City: _____ State: _____ Phone Number: _____

Type of Financing: _____

☐ Committed ☐ Not Committed Use: _____

APPENDIX F - PROJECT OPERATING INCOME AND EXPENSE STATEMENT

New projects – complete column D only

(A) INCOME	(B) PRIOR FY* / - /	(C) CURRENT YEAR* / - /	(D) PROJECTED FY / - /
Private Donations			
Local Govt. _____			
State – EHAP			
State – Other _____			
FEMA			
CDBG			
Federal – Other _____			
Rental Income			
Fees			
Other _____			
Other _____			
TOTAL INCOME	\$	\$	\$
EXPENSES			
Rent/Lease			
Debt Service (Principal & Interest)			
Taxes			
Insurance			
Staff (for direct client services)			
Administration (incl. Admin. staff)			
Maintenance			
Utilities			
Reserves			
Other _____			
Other _____			
TOTAL EXPENSES	\$	\$	\$

Auditor Name _____ Phone Number _____

*Not applicable if a new project

I. APPLICANT CAPABILITY (continued)

ATTACHMENT J – (**Page 41** of Completed Application)

EVIDENCE OF OTHER FUNDING COMMITMENTS

If not applicable mark here and indicate why:

AND

ATTACHMENT K – (**Page 42** of Completed Application)

BROKER’S PRICE OPINION OF VALUE IF APPRAISAL NOT COMPLETED AT TIME OF
APPLICATION, OR “AS-IS” APPRAISAL
(IF PROJECT SITE IS IN FEE SIMPLE TITLE OR WILL BE)

If not applicable mark here and indicate why:

AND

ATTACHMENT L – (**Page 43** of Completed Application)

EXPLANATION OF ENVIRONMENTAL CONDITION AND REPORTS

Submit as **Attachment L** an explanation of any environmental conditions, including all available Environmental Phase I or II Reports with any follow-up analysis or information on mitigation completed for **all site acquisition and new construction on an unimproved site and acquisition of an existing facility (if nonresidential)**. A Phase I Report and compliance with all recommendations will be required prior to EHAPCD loan closing. For acquisition of an existing facility and or rehabilitation, provide Lead Base Paint and Asbestos Survey with this application.

If not applicable mark here and indicate why:

AND

ATTACHMENT M – (**Page 44** of Completed Application)

RELOCATION ISSUES NARRATIVE AND RELOCATION PLAN

Submit as **Attachment M**, for rehabilitation projects, a discussion of relocation issues, estimated temporary and permanent relocation costs, funding sources, relocation implementation plan completion date, and relocation timeline.

If not applicable mark here and indicate why:

I. APPLICANT CAPABILITY (continued)

D. Development Team Capacity

1. Project Owner's Experience Base and Project Plan

a. Successful Housing Program Experience

- i. The organization structure including board and staff. See **Appendix G** and **Attachment N**.
- ii. Provide the information required in **Appendix H** about each Capital Development project similar to this project completed by your organization during the past 5 years.
- iii. Describe homeless projects and services your organization provides other than the project included in this application.

- iv. List all EHAP grants/loans received directly or indirectly for the past 5 years. Expand table, if necessary.

EHAP or EHAPCD grant/loan		Received	
Contract No.	Amount	Directly	Indirectly
	\$		
	\$		
	\$		
	\$		
	\$		

APPENDIX G - EHAP PROJECT STAFFING

Include all current and proposed project/program staff positions and requested information including administrative, operating, services, and capital development staff who will be assigned to the project for which you have submitted this application. Copy this page as necessary.

Position (<u>List each staff position separately</u>)	Name of Current Staff Person (State if vacant or proposed)	Average Hours Worked for this EHAP Project Per Week	Years in This Position	Other Years Related Experience	Related Education

I. APPLICANT CAPABILITY (continued)

ATTACHMENT N

ORGANIZATIONAL STRUCTURE AND BOARD ROSTER
(**Page 47** of Completed Application)

If not applicable mark here and indicate why:

APPENDIX H – CAPITAL DEVELOPMENT PROJECTS COMPLETED TO DATE

Project Owner, Developer, and/or Architect	Project Name	Location	No. of Beds/Units	Development Activity Type	Completion Date	Major Funding Source	Contact Name	Phone No.

Use more than one table if needed. Note: If local branch is applicant form should include Capital Development completed by that local branch.

I. APPLICANT CAPABILITY (continued)

D.1.b. Fund Raising and Resource Development

- i. The organization's experience in fundraising, including using Federal, State, public, and private funds and donations.
- ii. Clearly describe the availability of other resources to support this project's operations. What has been the history of your funding sources? Are any of these sources no longer available? Do you expect that any funding sources will become unavailable? If you are starting a new activity or an increased level of service, what other operating resources are necessary? What is the availability of these resources?
- iii. Provide information about your organization's income and expenses on **Appendix I**.
- iv. The number of volunteers active on a regular basis, work performed by the volunteers and the average number of hours a week worked during the past 12 months by volunteers for the proposed project, if existing or for your existing program(s).

Volunteer Activity	No. of Volunteers	Avg. Volunteer Hours Weekly

APPENDIX I - ORGANIZATION INCOME AND EXPENSE STATEMENT

To be completed by Non-profits only

(A) INCOME	(B) PRIOR FY / - /	(C) CURRENT YEAR / - /	(D) PROJECTED FY / - /
Private Donations			
Local Govt. _____			
State – EHAP			
State – Other _____			
FEMA			
CDBG			
Federal – Other _____			
Rental Income			
Fees			
Other _____			
Other _____			
TOTAL INCOME	\$	\$	\$
EXPENSES			
Rent/Lease			
Debt Service (Principal & Interest)			
Taxes			
Insurance			
Staff (for direct client services)			
Administration (incl. Admin. staff)			
Maintenance			
Utilities			
Reserves			
Other _____			
Other _____			
TOTAL EXPENSES	\$	\$	\$

Auditor Name _____ Phone Number _____

I. APPLICANT CAPABILITY (continued)

D.1.b.v. Describe the level of community interest and involvement in this project.

vi. Describe if and how your facilities and/or services are and will be coordinated with other organizations for the proposed project.

I. APPLICANT CAPABILITY (continued)

D.1.c. Stability and Solvency

- i. When did the organization incorporate? _____ / _____
month year
- ii. How long has the organization been involved in providing services for the homeless?
- iii. How long has this shelter/facility been operated by this organization? How long has the facility been its present size?
- iv. Who (by name and title) is responsible for directly ensuring that expenses charged to this loan are consistent with the application and are eligible expenses?
- v. Provide the information required in **Appendix J** about past occupancy for the proposed project. (Not applicable to new construction project). Provide information for History and Projections of all Project Operations Funding Sources – **Appendix K**.
- vi. Financial management systems: Clearly describe your method of establishing the budget, approving payments, recording income and expenses, charging expenses to specific funding sources, preparing reports, and ensuring that expenses are consistent with the application. Address your organization as a whole and the capital development expenses of the proposed project.

APPENDIX J – PAST OCCUPANCY*

MONTH	TOTAL PERSON SHELTER DAYS (I.E., ACTUAL COUNT FOR EVERY DAY OF THE MONTH FOR 2002) - unduplicated	AVERAGE OCCUPANCY VS. MAXIMUM BED/APARTMENT CAPACITY
EXAMPLE	900 PERSONS SERVED	30 OF 35 BEDS OR APTS. OCCUPIED
June 2002		
July		
August		
September		
October		
November		
December		
January 2003		
February		
March		
April		
May		

*Table not applicable to new construction projects, mark “N/A”

APPENDIX K - HISTORY AND PROJECTION OF ALL PROJECT OPERATIONS FUNDING SOURCES

Note: Copy this page as many times as necessary

Funding Source (specific funding sources and grant names, e.g., City of Sacramento/CDBG) Include foundations and donations. Attach pages as necessary.	2002 (actual)	2003 (actual)	2004 (projected)	2005* (projected)
Volunteer Time (valued at \$10/hour)				
TOTAL ALL SOURCES	\$	\$	\$	\$

Submit as Attachment J available evidence of other funding, e.g. award letters, or submit available evidence of past funding for proposed sources.

* If first full operating year is after 2005, re-label these columns to include at least two years of information.

I. APPLICANT CAPABILITY (continued)

ATTACHMENT O – (Page 55 of Completed Application)

EHAP CAPITAL DEVELOPMENT **PROJECT OWNER (DEVELOPMENT ADMINISTRATOR)**
INFORMATION
(RESUME, JOB DESCRIPTION, REQUIREMENTS)

What is the name and title of the staff or contact person responsible for oversight of the Capital Development project within your organization? Submit as **Attachment O**, a resume, written service commitment, and statement of qualifications that explains this person's experience relevant to project development and construction, or if not yet selected, a job description and requirements. Submit the same Attachments for:

- O-1** Project Developer – (Page 56 of Completed Application)
- O-2** Project Architect - (Page 57 of Completed Application)
- O-3** Project Property Management - (If applicable, Page 58 of Completed Application)

If not applicable mark here and indicate why:

AND

ATTACHMENT P – (Page 59 of Completed Application)

AUDITED FINANCIAL STATEMENT SHOWING TOTAL INCOME AND EXPENDITURES FROM
THE MOST RECENT FULL YEAR
(public entities only)

II. IMPACT AND EFFECTIVENESS - Place Section II tab preceding this page

A. Client Capacity Increase

1. The existing or projected types and estimated numbers and percentages of primary/target clients served/to be served during a service year. If client type is not listed, please list it under "Other" and indicate type of client. Total percentages may equal more than 100 percent.

Type of Client	Estimated/ Proposed No. Served	Estimated/Proposed Percent Served
Single Men		%
Single Women		%
Single Women w/children		%
Single Men w/children		%
Families (includes married w/o children)		%
Domestic Violence Victims		%
Mentally Disabled		%
Physically Disabled		%
HIV/AIDS		%
Substance Abusers		%
Other: _____		%

B. Operations and Supportive Services: Existing and Planned

1. The proposed shelter and transitional housing facilities and services you will provide through the project that would be funded through this application.

II. IMPACT AND EFFECTIVENESS (continued)

2. On-site services this project will offer to clients. Describe services such as food, clothing, life skills education, medical screening, service referrals, specialized services such as mental health services, permanent housing assistance, follow-up counseling after move out, and employment/income support programs.
3. Off-site services this project will offer to clients, including method of transporting clients to these services.
4. Describe the specific services this project will provide for specific populations (e.g., substance abusers, domestic violence victims, AIDS patients)
5. Describe your organization's outreach to clients and homeless prevention activities.

II. IMPACT AND EFFECTIVENESS (continued)

6. Experience in and method of monitoring achievement of goals for this project. If not yet existing, describe present project(s) and planned monitoring for this project.
7. How do you measure client success for this project's programs (e.g., number placed in permanent housing, placed in jobs)? Provide any available quantifiable information on your success rate, however you define success. If project does not yet exist, describe for present projects and planned success measurement for this project.

II. IMPACT AND EFFECTIVENESS (continued)

ATTACHMENT Q

POLICIES AND CONDITIONS OF STAY (E.G., INTAKE PROCEDURES, HOUSE RULES)
(**Page 63** of Completed Application)

If not applicable mark here and indicate why:

II. IMPACT AND EFFECTIVENESS (continued)

C. Extent Proposed Project Addresses Community Needs

1. Clearly describe the needs the EHAP-funded Capital Development project will address in the community, and how these needs were assessed. To the extent that the need for your program has been addressed by independently prepared reports, cite the reports and their data. If your project meets a need identified as a high priority in a county “continuum-of-care” plan and/or Local Emergency Shelter Strategy (LESS), indicate this. Make sure to indicate whether any other needs have a higher priority.
2. Describe the impact and effectiveness that this project’s facilities and/or services will have in meeting local needs.

III. COST EFFICIENCY – Place Section III tab preceding this page

A. Need for EHAPCD Funds

1. How will this project's proposed activities not unnecessarily duplicate existing services? Describe how your organization coordinates its services with other homeless service providers to ensure that there is no unnecessary duplication of services.

III. COST EFFICIENCY (continued)

2. What would the specific consequences to your program be if the EHAPCD loan is not funded? If the project is infeasible without EHAPCD funding, explain in detail why and what contingencies would first be explored before abandoning the project. General statements such as EHAPCD funds are needed to make up reductions in other funding sources will be scored lower than persuasive explanations of specific consequences. Do not describe the number of homeless in your community, or the general need for homeless assistance in your community.

B. Operations/Capacity Costs Analysis (No action necessary - from Appendices and Attachments, then results compared to competitive applicant pool)

C. Design

1. Site Location

Describe the site location in respect to nearness to community support services, facilities, and mass transportation. What is the neighborhood's property use blend?

2. Compatibility with Neighborhood

Describe how your project reflects the integration of resident needs and activities, neighborhood context and community related design goals. Support rationale with concept and design discussion including the topics of aesthetics and environmental concerns.

3. Fundamental Design Analysis

III. COST EFFICIENCY (continued)

ATTACHMENT R – (Page 67 of Completed Application)

PROJECT SCHEMATICS

Submit as **Attachment R** schematic drawings of project, including site plan as necessary, floor plans, and building elevations showing square footage.

If not applicable mark here and state why:

AND

ATTACHMENT S – (Page 68 of Completed Application)

REHABILITATION – CURRENT CONDITION STATEMENT AND OVERALL SCOPE OF WORK

Submit **Attachment S** for rehabilitation projects. Describe the current condition of the structure(s) and a general description of the overall scope of work. Include a discussion of any proposed modification to the building or unit configurations, unit mix, need for seismic retrofit, or modifications in use (e.g., commercial/tourist hotel to apartments). Provide copies of any available consultant reports, such as Capital Needs Assessment, Physical Needs Assessment, Replacement Reserve Study, and Feasibility Studies.

If not applicable mark here and state why:

AND

ATTACHMENT T – (Page 69 of Completed Application)

DOCUMENTATION OF OFF-SITE IMPROVEMENT COSTS

Submit as **Attachment T** documentation supporting the budgeted costs for off-site improvements, local impact fees and permit fees, and any unusual costs.

If not applicable mark here and state why:

III. COST EFFICIENCY (continued)

D. Special Design Features

1. Described the cost efficient features incorporated into your project design. i.e., solar heating-active and or passive, use of recycled materials, drought tolerant landscaping.

USE THE REMAINDER OF THIS PAGE FOR ADDITIONAL SPACE, IF NEEDED. SPECIFY WHICH PAGE AND QUESTION YOU ARE CONTINUING TO ANSWER.

IV. DESIGNATED LOCAL BOARD (DLB) PRIORITIES -Place Section IV Tab preceding this page

NOTE: If your project is located in a DLB region that has accepted local priorities per the table on Pages 16 and 17 of the NOFA, contact your DLB. They will have the format for you to complete and **insert into this Section**. If you submit this Section IV, you will not need to submit Section V of this application.

V. STATEWIDE PRIORITY SETTING SYSTEM – 150 points possible

-Place Section V tab preceding this page

Priority Area I: Increase in Capacity (40 points possible)

1.A.	Emergency Shelter: Project demonstrates an increase in capacity greater than 30 new beds or more than 30 preserved beds.	40
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23-30 beds = 40 pts., 15-22 beds = 30 pts., 7-14 beds = 20 pts., 0-6 beds=10 pts.

OR

1.B.	Transitional Housing or Safe Haven: Project demonstrates an increase in capacity greater than 18 new beds or more than 46 preserve beds.	40
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14-18 new beds = 40 pts., 9-13 beds=30 pts., 4-8 beds=20 pts., 0-3=10 pts.

35-46 preserved beds = 40 pts., 23-34 beds = 30 pts., 11-22 beds = 20 pts., 0-10 beds=10 pts.

Priority Area II: Local Priority (40 points possible)

Applicant has submitted documented evidence that:

2.	A “high” priority has been given to the applicant’s proposed project in the region’s Continuum of Care plan, LESS, or similar community plan.	40
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Priority Area III: Project Readiness (40 points possible)

Applicant has demonstrated a level of readiness and has submitted:

3.	Evidence of legally enforceable <i>fee</i> title giving applicant right to develop.	20
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4.	Evidence that the conditional use permit has been obtained for the project.	10
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5.	Evidence that all funding commitments are in place.	10
----	---	----

Priority Area IV: Applicant Capability (30 points possible)

Applicant has submitted evidence that:

6.	A written commitment with an experienced outside development consultant exists.	30
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The Department has attempted to identify the prime indicators of merit upon which points will be assessed for each category. However, in the event that other indicators of merit for any category are appropriately presented in the application, the Department will assess the relative value and incorporate such indicators into the point schedule accordingly.

Scoring Procedures

An application’s rating scores will be totaled. Applicants will be ranked and then grouped into quartiles with the top score being 150 points and descending incrementally. The top 25% of applicants will earn 150 points, the second group will be given 112.5 points, the third group 75 points, and the final group 37.5 points. If applications received are not divisible by four, the ranked applications will be distributed so that the upper quartile groups are filled first, but never containing more than one extra application than the lowest quartile group. **This system will apply to both Statewide and DLB priorities, respectively.**

V. STATEWIDE PRIORITIES

Overview:

If the EHAPCD project you seek funding for is located in a county/region which has a local board that has decided not to participate in setting their own local priorities or a non-DLB county (refer to the table on Pages 15 and 16 of the NOFA), please address the Statewide Priorities as presented in the **Statewide Priority Setting System** table which precedes this outline.

PRIORITY DETERMINATION MATERIAL

For Projects Located in _____ County
(Indicate County)

Applicant Name: _____

Project Name: _____

Project Site Address: _____
(If address is confidential provide the city, county and zip code)

City/State/Zip Code: _____

Type of Funding Activity ☐ Acquisition ☐ New Construction
Check all that apply: ☐ Rehabilitation

PROJECT PRIORITIES (150 points maximum)

Priority Area I: Increase In Capacity (40 points possible)

1.A. Emergency Shelter _____ New Beds _____ Preserved Beds

1.B. Transitional Housing or Safe Haven _____ New Beds _____ Preserved Beds

1.C. Explain in the space below, how the proposed project addresses this Priority Area and attached documentation (mark as attachment 1.C.).

2. **Priority Area II: Local Priority (40 points possible)**

2.A. Explain on the top of the next page, how the proposed project addresses this Priority Area and attach documented evidence that a “high” priority has been given to the applicant’s proposed project in the region’s Continuum of Care plan, LESS, or similar community plan (mark attachment 2.A.) .

2.A. (continued – place explanation below)

3. **Priority Area III: Project Readiness (40 points possible)**

3.A. Evidence of legally enforceable fee title giving applicant right to develop.

3.B. Explain in the space below, how the proposed project addresses this Priority Area and attach documentation (mark as attachment 3.B.).

4.A. Evidence that the conditional use permit has been obtained for the project.

4.B. Explain in the space below, how the proposed project addresses this Priority Area and attached documentation (mark as attachment 4.B.).

5.A. Evidence that all funding commitments are in place for the project.

5.B. Explain in the space below, how the proposed project addresses this Priority Area and attach documentation (mark as attachment 5.B.).

6. **Priority Area IV: Applicant Capability (30 points possible)**

6.A. A written commitment with an experienced outside development consultant exists.

6.B. Explain in the space below, how the proposed project addresses this Priority Area and attach documentation.

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF COMMUNITY AFFAIRS**

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**ADDENDUM A****Serving Selected Populations With EHAP Funding**

October 31, 2003

The following is a simplified layman's guide for shelter providers seeking to serve selected populations using Emergency Housing and Assistance Program (EHAP) funds administered by this department.

Legal Requirements:

Generally, service to selected populations must comply with a variety of legal requirements, including the 14th Amendment to the U. S. Constitution, the U. S. Fair Housing Act (and amendments) of 1968 (and 1988), the California Fair Employment and Housing Act and the California Unruh Civil Rights Act. Depending on the circumstances, other statutes may apply, including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Additionally, there are specific applicable provisions of the EHAP Statutes (Health and Safety Code Section 50800, et seq.) Given the potential overlap of legal requirements, shelter providers should consult an attorney to identify the specific applicable requirements for serving any selected population of clients.

EHAP Emergency Shelter "First-Come, First-Served" Requirements:

Emergency shelter facilities receiving funds from EHAP are required (See H&S Section 50801.5(b).) to provide emergency shelter and services "*...on a first-come, first served basis for whatever time periods are established for the shelter.*" HCD believes that this provision prohibits the use of EHAP funds for emergency shelters for selected populations. However, recognizing that many shelter providers have mission-driven restrictions, HCD has allowed the funding of such shelters provided that no homeless individual or family is forced to remain without shelter while there is available bed space. In circumstances where any client is denied shelter when there is a vacancy, EHAP emergency shelter providers must ensure that there is adequate alternate accommodation - including arranging for a bed or providing a voucher for a bed at an alternate facility and reasonable transportation to that facility.

EHAP Transitional Housing:

Transitional housing facilities receiving funds from EHAP are not subject to the first come, first-served provisions like emergency shelter facilities, but they are still subject to other legal requirements affecting client service. Among those requirements are EHAP regulations (Section 7959 (e)), which, as an eligibility requirement, prohibit EHAP applicants or grantees from providing client housing in a manner that denies benefits on an arbitrary basis, and case law for the Unruh Civil Rights Act, which prohibits all arbitrary discrimination. Under Unruh,

discrimination is considered non-arbitrary if the nature of the physical facilities or the nature of the services provided reasonably necessitates a particular restriction. Because whether a transitional housing provider is in compliance with Unruh is a fact driven question, applicants and contractors are encouraged to consult their own legal counsel regarding this issue.

If a State or Federal law or regulation requires an EHAP transitional housing facility to exclusively serve a select homeless subpopulation, such a restriction would not be considered arbitrary.

Stewart B. McKinney Homeless Assistance Act (McKinney Act) Compatibility:

H&S Section 50800 (c) allows EHAP funds to be used in emergency shelter facilities receiving funds from McKinney Act Programs which require exclusive services to selected populations – provided that the McKinney Act client restrictions arise in the McKinney Program law or regulations (as opposed to restrictions arising from those self-imposed by the applicant/shelter provider.) Contracts between the shelter provider and HUD that merely codify client restrictions proposed by McKinney Act recipients are insufficient basis for invoking the McKinney Act exemption to the EHAP first-come, first-served requirements.

Selecting Clients on the Basis of Sex:

H&S Section 50801.5 (b) effectively allows emergency shelter and transitional housing providers using EHAP funds to restrict occupancy on the basis of sex – provided that the restrictions are not arbitrary. Generally, that means that in EHAP funded facilities, notwithstanding the Unruh Civil Rights Acts or any other provision of law, shelter and services may be offered exclusively for either women or men – provided that any such exclusivity is based on a reasonable service need.

Selecting Clients on the Basis of Age

H&S Section 50801.5 (b) also permits emergency shelter and transitional housing providers to restrict occupancy exclusively to persons 24 years of age or younger. Generally, that means that in EHAP-funded facilities, notwithstanding the Unruh Civil Rights Act or any other provision of law, shelter and services may be offered exclusively to persons 24 years of age or younger – provided that any such exclusivity is based on a reasonable service need.

Serving Clients on the Basis of Military Veteran Status

H&S Section 50801.5 (b) also permits emergency shelter and transitional housing providers to restrict occupancy exclusively to military veterans if the veterans served possess significant barriers to social reintegration and employment due to a physical or mental disability, substance abuse, or the effects of long-term homelessness that require specialized treatment and services and the provider of emergency shelter or transitional housing also provides the specialized treatment and services.

Generally, that means that in EHAP funded facilities, notwithstanding the Unruh Civil Rights Act or any other provision of law, shelter and services may be offered exclusively to military veterans, provided that any such exclusivity is based only on the criteria set forth in H&S Section

50801.5 (b). Furthermore, emergency or transitional housing providers with facilities that serve military veterans exclusively must demonstrate that there is a reasonable relationship between the specialized treatment and services offered to military veterans and the population restriction itself.

Selecting Clients on the Basis of Family Status:

With respect to using EHAP funds for shelter and services exclusively for either women or men (as allowed under H&S Section 50801.5(b) indicated above) there are limits to the restrictions that can be imposed when serving families. In the case of families, providers of emergency shelter or transitional housing which operate single sex facilities shall provide, to the greatest extent feasible, adequate facilities within their range of services so that all members of a family may be housed together, regardless of age and gender. In other words, families should not be forced to split up in order to stay in EHAP funded facilities that would otherwise exclusively serve either men or women.

If there are any questions regarding these issues, please contact the HCD Homeless Programs at (916) 445-0845.